

ACCT. NO. _____
FISCAL DATE _____

DATE: _____

NEW HAMPSHIRE RETIREMENT SYSTEM
CONTRIBUTIONS REPORTING FORM FOR

MONTH/YEAR

☐ TAX SHELTERED

EMPLOYER: _____

☐ NOT TAX SHELTERED

1. Enter total monthly wages \$ _____

2. Enter total member contributions withheld \$ _____
Line 1 X .050 should equal the amount entered on Line 2, within
a few cents. If it does not, verify the individual listing for accuracy.

Normal Contributions Calculation:

3. Total monthly wages \$ _____ x 2.64% \$ _____
(Same as Entry 1. Above)

Administration Calculation:

4. Total monthly wages \$ _____ x .00 \$ _____
(Same as Entry 1. Above)

5. Accrued liability \$ _____

6. Total Amount of Check(s) \$ _____

***IF THIS REPORT IS NOT RECEIVED AT NHRS BY THE 15TH DAY OF THE
MONTH FOLLOWING THE MONTH OF THIS REPORT, A 1% PER MONTH
PENALTY SHALL BE APPLICABLE (RET 303.01).***

PLEASE MAKE CHECKS PAYABLE TO:
MAIL TO:

NEW HAMPSHIRE RETIREMENT SYSTEM
PO BOX 845666
BOSTON MA 02284-5666

CONTRIBUTIONS NOT ALLOWED ON WORKERS' COMP AWARDED AFTER 05/11/94

NO CREDITS FOR PREVIOUS OVERPAYMENTS CAN BE APPLIED ON THIS REPORT.
REFUNDS WILL BE ISSUED UPON RECEIPT OF WRITTEN REQUEST.

AUTHORIZED SIGNATURE _____

TELEPHONE NUMBER _____

DATE _____